

Green Mountain Care Board
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DELIVERED ELECTRONICALLY

August 31, 2017

Spencer Knapp, Esq.
University of Vermont Medical Center
111 Colchester Ave.
Burlington, VT 05401

RE: Docket No. GMCB-001-17con, Proposed Replacement of Electronic Health Record, Project Cost: \$112.4 million

Dear Spencer:

Thank you for the response to the earlier set of questions. Some of the responses were not sufficiently detailed, however, and we are requesting that UVMHC provide full responses to each of the following questions. Once provided, the Board will have sufficient information to close the application.

1. Provide the detailed loaded staffing schedule with EPIC modules identified, labor categories and rates, or provide the quote from EPIC that includes these items to support the \$15.2 million services costs associated with the EPIC implementation included in the capital costs.
 - Provide an updated price quote and explain whether the costs reflected in the updated quote are included in the total project cost, or provide a letter from Epic indicating the expected cost escalation factor to update all costs contained in the 2015 quote to 2017.
 - The quote (pp. 10-12) indicates that there are specific interfaces, conversions, applications and other tasks that are not included in the cost estimate. For example, there is no rollout support for sites beyond the initial go-live event; no custom programming (state specific, security, privacy, etc.), and no change orders and other technical assistance. Provide details about each cost item and explain why it is not included within the total project cost, or if included, the specific cost and where it appears in the quote.
 - The quote (pp. 1-2) indicates that the cost of data conversions is estimated, and that “additional analysis will be necessary to provide a more accurate conversion estimate.” Address concerns that the full cost of conversion of data is not included in the total cost.
 - The quote (p. 13) indicates that the interface mix is an estimate and is only for the initial site based on Epic’s experience with customers licensing a similar mix of applications, and that additional analysis will be necessary to refine this starter set. The quote further states that interfacing additional professional charges into Resolute Professional Billing or Resolute Hospital Billing via the incoming Financial Transactions interface may require an upgrade to licensed volumes if such changes are not anticipated at the time the application



is licensed. The proposal does not include hardware, travel, or all interfaces or conversions that may be required by this software, or other expenses incurred by UVMMC during the implementation process, (e.g. costs for your organization's resources or consultant fees). Explain in detail why such costs were not included in the estimated project cost.

- The cost of equipment for bar code medication administration (e.g. Rover Documentation from a handheld device with an integrated barcode reader) is not included in the quote. *See* quote p. 4. Explain in detail UVMMC's plan regarding bar code administration to reduce medication administration errors.
 - The revised Application and quote reference, but do not provide, itemized cost details about third party software. *See* quote, pp. 11-12. Itemize specific costs for each of the required third party software licensed directly from vendors, including:
 - Business Objects Enterprise/ Crystal Reports6
 - Device Integration Middleware (e.g. Capsule Technologie, Nuvon, or similar)
 - First Databank
 - Radiology and Cardiology PACS
 - Ophthalmology PACS
 - Third party claim scrubber and clearinghouses
 - NUBC Code Sets (HL, OptumInsight)
 - Third party lab middle tier (e.g. Data Innovations)
 - College of American Pathology, Electronic Cancer Checklists (CAP-eCC)
 - American Dental Association, CDT Codes
 - Dental Lab and Dental PACS
 - Claim Adjudication (e.g. RelayHealth, Emdeon)
 - Point of Sale and Interactive Voice Response Systems.
 - The Epic estimates for third party software costs in the quote do not align to the capital costs in the revised Application. Explain the discrepancy in capital costs.
2. Provide the specific assumptions and build-out supporting the \$11.8 million line item for legacy resources, and the cost savings provided in the revised application.
 3. Provide the detailed loaded schedule with tasks, labor categories and rates to support the \$36,385,100 services costs associated with the external staffing included in the capital costs. This must include all EPIC and Cumberland staffing. The table you submit must include hourly costs and specific hours necessary for each labor category provided.
 4. Expand your response to question #5 on page 5 of your responses dated August 18, 2017. Resubmit an itemized TCO with all individual costs associated with all clinical applications (not just those costs associated with EPIC) that tie into the new EHR (e.g. Gastroenterology, clearing house interfaces).
 5. Provide the detailed loaded schedule showing all itemized training courses, labor categories and rates to support the \$1.2 million services costs associated with the training included in capital costs.
 6. Provide the detailed loaded schedule showing all itemized tasks, labor categories and rates to support the \$1.5 million services costs associated with external staffing for pre-implementation



included in the capital costs, or provide a detailed quote from Cumberland itemizing all labor categories and rates for the pre-implementation.

7. Provide additional documentation and support for the \$200 million that may be required to maintain the current systems for UVMHN members.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at donna.jerry@vermont.gov.

If you have any questions, please do not hesitate to contact me at 802-828-2918.

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

cc. Office of the Health Care Advocate